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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number **10/002,384**

Filing Date **October 26, 2001**

First Named Inventor **Scott J. Swartz**

Group Art Unit **2164**

Examiner Name

Attorney Docket Number **7840/82952**

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client, Star Enterprises, has failed to pay one of more bills rendered by the practitioner for an unreasonable period of time.

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- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number →

Place Customer Number
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OR

Firm or
Individual Name **Mr. Scott J. Swartz and Ms. Tamara Alwine**

Address **Star Enterprises**

Address **19200 Space Center Boulevard, Suite 2621**

City **Houston** State **TX** ZIP **77058**

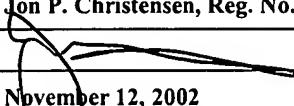
Country **USA**

Telephone **281-286-9956** Fax

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number **23-0920**

This request is enclosed in triplicate (including any attachments).

Name **Jon P. Christensen, Reg. No. 34.137**

Signature 

Date **November 12, 2002**

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NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



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Date of Deposit: November 12, 2002

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